IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 163922479
Examiner : Tomas H. F. Friend
Serial No. : 09/586,131
Filed : June 2, 2000
Docket No.: 1184-00
Inventor : Marc Delcourt
Title : CLONING METHOD BY
: MULTIPLE-DIGESTION, VECTORS
: FOR IMPLEMENTING SAME AND
: APPLICATIONS Date: October 17, 2003

MS FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450
Sir:

## Certificate of Mailing Under 37 CR 1.8

For
Postcard
Amendment Transmittal Letter (in duplicate)
Response to Office Action Dated April 21, 2003
Claim of Extension of Time (3-month)
Check in the amount of $\$ 475.00$

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231, on the date appearing below.

> Name of Applicant, Assignee, Applicant's Attorney
> or Registered Representative:

Schnader Harrison Segal \& Lewis
Customer No. 022469


Serial No.: 09/586,131
Filed: June 2, 2000
For: CLONING METHOD BY MULTIPLE-DIGESTION, VECTORS FOR IMPLEMENTING SAME AND APPLICATIONS

MS FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450

Alexandria, VA 22313-1450

TECH CENTER 1600/2900

Sir:
Transmitted herewith is an Amendment in the above-identified application.

- $\quad$ Small entity status of this application under 37 CFR $\S 1.9$ and $\S 1.27$ has been established by a verified statement previously submitted.
_ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:
(Col. 1)

|  | CLAIMS <br> REMAINING <br> AFTER <br> AMENDMENT |  | HIGHEST <br> NO. PRE- <br> VIOUSLY <br> PAID FOR | PRESENT <br> EXTRA |
| :--- | :--- | :--- | :--- | :--- |
| TOTAL | $* 19$ | - | $* * 20=$ |  |
| INDEP. | $* 4$ | - | $* * * 5=$ |  |
| First presentation of multiple dependent claim |  |  |  |  |

(Col. 2) (Col. 3)

SMALL ENTITY
OTHER THAN SMALL ENTITY

## TOTAL ADDITIONAL FEE <br> $\$ 0$ <br> OR <br> \$

* If the entry in Col. 1 is less than the entry in Col. 2, write " 0 " in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write " 20 " in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write " 3 " in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 13-3405 in the amount of \$ $\qquad$ . A duplicate copy of this sheet is enclosed.
* A check in the amount of $\$ 475.00$ for a Three-Month Extension of Time is attached.
x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.
x Any filing fees under $37 \mathrm{CFR} \S 1.16$ for the presentation of extra claims.
x Any patent application processing fees under 37CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Dated:


Respectfully śábmitted,


Registration No. 39,549
1600 Market Street, Suite 3600
Philadelphia, PA 19103-7286
215-751-2405 (Telephone)
215-715-2205 (Facsimile)
kderosa@schnader.com

